


2006 LIMITED LIABILITY COMPANY REINSTATEMENT


DOCUMENT # L04000044568 1. Entity Name RUNWAY FARMS, L.L.C.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 OCT 26 AM 10:25

Principal Place of Business 11370 S.W. BOGGESS AVENUE ARCADIA, FL 34266	Mailing Address P.O. BOX 119 FORT OGDEN, FL 34267
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10122006 REIN-LLC CR2E101 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 87-0728766	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BOGGESS, SHELLEY W 11370 SW BOGGESS AVENUE ARCADIA, FL 34266	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shelley W. Boguess DATE: 10/23/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGGESS, CALVIN C JR.		NAME	400081254094	
STREET ADDRESS	P.O. BOX 119		STREET ADDRESS	10/26/06--01036--020	
CITY-ST- ZIP	FORT OGDEN, FL 34267		CITY-ST- ZIP	**\$150.00	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGGESS, SHELLEY W		NAME		
STREET ADDRESS	P.O. BOX 119		STREET ADDRESS		
CITY-ST- ZIP	FORT OGDEN, FL 34267		CITY-ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Shelley W. Boguess as member DATE: 10/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE